

To:  
Blood Banks  
Home Health Agencies  
Individual Medical Supply Providers  
Medical Equipment Vendors  
Nurses in Independent Practice  
Nursing Homes  
Personal Care Agencies  
Pharmacies  
HMOs and Other Managed Care Programs

## Procedure Code Updates for Disposable Medical Supplies

Effective for dates of service (DOS) on and after April 1, 2004, Wisconsin Medicaid is updating disposable medical supplies (DMS) coverage, policies, and limitations to reflect Healthcare Common Procedure Coding System (HCPCS) procedure code changes from the Centers for Medicare and Medicaid Services.

These changes include the following:

- Adding HCPCS procedure codes.
- Enddating HCPCS procedure codes that are not on the national code list.
- Changing maximum allowable fees.

Refer to the Attachment of this *Wisconsin Medicaid and BadgerCare Update* for a list of procedure codes, procedure code descriptions, procedure code status, copayment amounts, maximum fees, nursing home reimbursement status, and procedure code requirements.

The procedure code changes listed in the attachment affect the following providers:

- Blood Banks.
- Home Health Agencies.
- Individual Medical Supply Providers.
- Medical Equipment Vendors.
- Nurses in Independent Practice.
- Nursing Homes.
- Personal Care Agencies.
- Pharmacies.

Refer to the Disposable Medical Supply Index for a complete list of reimbursable DMS procedure codes.

Changes to the DMS Index are updated on a quarterly basis and posted on the Wisconsin Medicaid Web site at [dhfs.wisconsin.gov/medicaid/](http://dhfs.wisconsin.gov/medicaid/).

For specific coverage limitations on the procedure codes listed in this *Update*, refer to service-specific *Updates* and handbooks.

### **Prior Authorization**

#### *New Requests for Prior Authorization*

Effective immediately, providers are required to use the new procedure codes for new requests for prior authorization (PA) (for future DOS) received by Wisconsin Medicaid.

#### *Approved and Modified Prior Authorizations Currently in Effect*

For approved and modified PAs currently in effect with *grant dates before* April 1, 2004, and *expiration dates on and after* April 1, 2004, Wisconsin Medicaid will identify and convert all discontinued procedure codes. The discontinued procedure codes will remain effective for DOS before April 1, 2004; however, the converted procedure codes will be effective for DOS on and after April 1, 2004.

Quantities that have been approved on the original Prior Authorization Request Form (PA/RF) are not to be exceeded.

The procedure code and modifier conversion will result in an increase of details on the PA/RF. If this conversion results in more than 12 details, Wisconsin Medicaid will assign a new PA/RF with a new PA number for the converted codes. When this occurs, Wisconsin Medicaid will notify the provider by mail of the new PA number(s) assigned for the converted codes. If a provider has not received notification by April 1, 2004, the conversion did not result in more than 12 details and the provider should continue to use the original PA number on claims with DOS on and after April 1, 2004.

Because the procedure codes and modifiers will be converted on these requests for PA, providers are required to submit claims using the new codes that replace the discontinued codes for DOS on and after April 1, 2004. For claims related to PAs with DOS before April 1, 2004, providers are required to use the discontinued procedure codes.

### *Requests for Prior Authorization Currently in Process*

Requests for PAs that are returned by Wisconsin Medicaid to the provider for more information on and after March 1, 2004, will not be converted by Wisconsin Medicaid.

## **For More Information**

Providers with questions regarding the procedure codes in this *Update* may call Provider Services at (800) 947-9627 or (608) 221-9883.

## **Information Regarding Medicaid HMOs**

This *Update* contains Medicaid fee-for-service policy and applies to providers of services to recipients on fee-for-service Medicaid only. For Medicaid HMO or managed care policy, contact the appropriate managed care organization. Wisconsin Medicaid HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at [dhfs.wisconsin.gov/medicaid/](http://dhfs.wisconsin.gov/medicaid/).

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# ATTACHMENT

## HCPCS Codes for Disposable Medical Supplies

Effective for Dates of Service on and After April 1, 2004

Place of Service Codes			
11	Office	32	Nursing Facility
12	Home	99	Other
31	Skilled Nursing Facility		

Status	Procedure Code	Replacement Code(s)	Description	Place of Service Codes	Max Fee	Maximum Quantity Allowed per Month	In NH Rate	In HC Rate
Changed	<b>A4326</b>		Male external catheter specialty type with integral collection chamber, each		\$9.36			
Changed	<b>A4362</b>		Skin barrier; solid, four by four or equivalent; each		\$2.94			
Changed	<b>A4409</b>		Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, 4 x 4 inches or smaller, each		\$6.22			
Enddated	<b>A4460</b>	A6448, A6449, A6450						
Added	<b>A4536</b>		Protective underwear, washable, any size, each	11, 12, 31, 32, 99	\$9.45	2 per month	Yes	No
Added	<b>A4556</b>		Electrodes (e.g., Apnea monitor), per pair	11, 12, 31, 32, 99	\$5.02	15 per month	Yes	No
Added	<b>A4606</b>		Oxygen probe for use with oximeter device, replacement	11, 12, 31, 32, 99	\$20.19	4 per month	Yes	No
Changed	<b>A4608</b>		Transtracheal oxygen catheter, each		\$85.44			
Enddated	<b>A6263</b>	A6442, A6443, A6444						
Enddated	<b>A6264</b>	A6442, A6443, A6444						
Added	<b>A6442</b>		Conforming bandage, non-elastic, knitted/woven, non-sterile, width less than three inches, per yard	11, 12, 31, 32, 99	\$0.13	150 per month	Yes	No
Added	<b>A6443</b>		Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to three inches and less than five inches, per yard	11, 12, 31, 32, 99	\$0.16	150 per month	Yes	No
Added	<b>A6444</b>		Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to five inches, per yard	11, 12, 31, 32, 99	\$0.20	150 per month	Yes	No
Added	<b>A6448</b>		Light compression bandage, elastic, knitted/woven, width less than three inches, per yard	11, 12, 31, 32, 99	\$0.48	20 per month	Yes	No

Status	Procedure Code	Replacement Code(s)	Description	Place of Service Codes	Max Fee	Maximum Quantity Allowed per Month	In NH Rate	In HC Rate
Added	<b>A6449</b>		Light compression bandage, elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard	11, 12, 31, 32, 99	\$0.60	20 per month	Yes	No
Added	<b>A6450</b>		Light compression bandage, elastic, knitted/woven, width greater than or equal to five inches, per yard	11, 12, 31, 32, 99	\$0.71	20 per month	Yes	No
Added	<b>A7030</b>		Full face mask used with positive airway pressure device, each	11, 12, 31, 32, 99	\$160.34	1 per 3 months	Yes	No
Added	<b>A7031</b>		Face mask interface, replacement for full face mask, each	11, 12, 31, 32, 99	\$59.30	1 per 3 months	Yes	No
Changed	<b>A7034</b>		Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap		\$99.99			
Changed	<b>A7037</b>		Tubing used with positive airway pressure device		\$32.81			
Enddated	<b>S8400</b>	A4536						